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MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

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"a" Agency Assessed

Since the beginning of the CHP program, there has not been an all-inclusive review of CHP agencies. Although some agencies have been evaluated by their regional offices, there was no total assessment utilizing a standardized review process and common criteria. Also, there was no method for determining the capacity of agencies to assume new responsibilities such as cost control. Thus in an effort to discern and remedy problem areas and strengthen CHP on a national and local basis, the office of the Secretary, DHEW, mandated the establishment of the national Agency Assessment Program.

The first objective of an agency assessment is to determine the agency's status with respect to a series of performance standards developed specifically for state and areawide comprehensive health planning agencies. A second objective is aimed at strengthening the agency's capacity for effective performance in the future.

A trained team consisting of staff from other state and areawide agencies in Region VIII and the HEW regional office visited the Montana 314(a) agency. The team reviewed documents, files, records, publications, manuals and studies; and conducted interviews with agency staff, committee members, non-council or community representatives, the State Board of Health, Advisory Council members, Hill-Burton staff, areawide and related agencies' staff, and the regional coordinator from the Governor's Office. Based upon that

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Seeley Program Cuts Ribbon

In 1970, residents of the Seeley and Swan Lake area with the assistance of Comprehensive Health Planning Established a demonstration nursing program to address community health needs in lieu of a physician.

Until now, the program consisted of a community health nurse who worked out of a converted motel suite. Then about a year ago the residents served by the program applied to the Missoula County Commission for revenue sharing monies to build a new, modern facility. Plans were drawn up and a special hospital district formed in order to create a tax base to support such a plan.

This past June 14, the motel suite finally gave way to the Thelma Carnes Memorial SOS Health Center which was officially opened. Present at the ribbon cutting ceremony was Lud Browman, County Commissioner, who presented the keys to Chairman of the Trustees, Larry Pagett who in turn presented them to Wilma Nicholson the Community Health Nurse at the health center.

Construction began on the facility last November with a grant from county revenue sharing for $65,000 for construction costs and $3,000 for equipment. The new building which houses three examining rooms, a large conference room, small laboratory, reception and waiting room, and a double garage for the ambulance was designed by architect Shirley Hautizinger, an area resident.

At Seeley Lake ribbon-cutting, Shirley Hautizinger, Sandy Doucett, Larry Pagett, Wilma Nicholson, Anita Richards, Ludvig Browman.

Around the State

In a regularly scheduled meeting held this past May 15 in Choteau, the North Central Health Planning Council Facilities Committee approved a request, by the Northern Montana Emergency Medical Services System and considered another by Herman Hauck and Associates.

The Northern Montana EMS System had made application for federal assistance in the amount of $12,355 to buy $24,710 worth of communication equipment for their ambulance system. Mr. Gary Rowe presented the proposal which the Council went on record as supporting.

The Committee also discussed the application by Herman Hauck and Associates for recertification of their Certificate of Need for construction of 100 nursing home beds in Great Falls in addition to a request for another 20 skilled beds bringing the total under consideration to 120 beds.

A motion was made and seconded to inform Hauck & Associates that the Committee had no evidence of substantial progress in the construction of these nursing home beds and that Hauk & Associates should provide the Committee with a substantial progress report by the middle of July. If that report was not received indicating progress, the Committee recommended that recertification not be granted. The motion carried unanimously.

* * * **EASTERN MONTANA** * * *

At its Executive Committee meeting held May 9, the Southern District Health Facilities Review Committee's review regarding permanency of health care in the Colstrip area was discussed. Secretary-Treasurer Dolph Harris stated that some type of permanent facility should be available in Colstrip and Board members voiced feelings that the area will probably need better medical facilities in the future.

Subsequently, a motion was made and seconded to concur with the Southern Health Facilities Committee's recommendation to approve the aid facilities: one on the construction site of the aid facilities, one on the construction site of the electric generating plants near Constrip, and the other in the town of Colstrip. The motion was carried.

With respect to the findings of the Northern District Health Facilities Review Committee, the unstable population aspect of the people at the Glasgow AFB was discussed in some detail. Board members stated a general feeling that the out-patient facility at the base, as is now in operation, is definitely needed by the personnel at the base; but several factors including cost containment, unstable population factor, etc., do not warrant opening of in-patient facilities at this time.

Board concerns were voiced over future need at the base and the coordination of the base's and the city of Glasgow's resources. A motion was made and seconded to concur with the Northern Health Facility Committee's recommendation to disapprove the proposal of the Glasgow Air Base Comprehensive Health Center to open a 15-bed in-patient facility for the following reasons:

1) no clearly established existing need, in-patient needs can be met by the existing facility at Glasgow;
2) staffing requirements for the facility can be met, but will draw staff from existing facilities at inflated wages;
3) The proposal is not economically feasible without government subsidy.

The Executive Board does recognize a need for health care at Glasgow AFB. The Board would also like to encourage cooperation between health facilities at Glasgow AFB and the city of Glasgow. EDAEM would support any effort in that regard.

EMS Study Approved

Among the activities of the South Central Regional Health Planning Council's Executive Committee meeting held late in May, was a recommendation for approval for the St. Vincent-Billings Emergency Medical Service System (EMSS) Plan designed to implement a feasibility study of emergency medical services for the eight-county area.

The feasibility study which received federal funding through the DHEW under the Emergency Medical System Act of 1973 may very well be the groundwork for a comprehensive system of services. The eventual aim of the study would be to determine the efficacy of regionalization of emergency medical services within the area comprised by Wheatland, Golden Valley, Musselshell, Sweetgrass, Stillwater, Carbon, Yellowstone, and Big Horn Counties.

Asked to describe the current status of emergency medical services in the South Central region, James Toner, Director of SCRHPC said, "That is hard to determine at this time because we don't have the information on it. Two EMS systems we have now: one in Billings and one in Big Horn County are excellent, but some of the others are not quite as developed."

The problem of getting information as Toner sees it, has been attributed to the lack of coordination among the counties involved. Until those people representing emergency services in the area can get together, the actual needs will not be discovered. Hence the reason for proposed feasibility study.

The Emergency Medical Services Bureau of the SDH&ES has a plan calling for regionalization of emergency services, and that is being viewed as the long-range objective of those involved with the coordination of emergency services.

Mrs. Ethel Taylor, Assistant Administrator from St. Vincent in Billings is now director of the project. Reiterating Toner's conception of the problem, she said, "We want to take a good look at the services in this region work-

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North Central Plan Attacks Alcoholism

A stroll through the streets of any urban area in the country eventually will reveal a number of those bedraggled, tattered, and oft-unconscious inhabitants of the door and alleyways who collectively with their dilapidated and depressing surroundings comprise the phenomenon called skid row. Among the attributions of that phenomenon's characters is the **sine qua non** of the bum: a three-pound, tightly-wrapped, brown paper bag; its contents — a pint of rot-gut.

Such has commonly been the conception of alcoholism in America. Skid row was just that— the place to crash when it became time to cop-out; skidding to a halt there because everywhere and everything else was just too much to handle. Revelation was to be found in Jesus, sustenance in the soup line, and solace in the almighty bottle.

To anyone who has ever lived or worked there, such a conception is to a greater extent as mythical as it is American. And yet, while bestowing "Other America" status on skid row, we have until recently failed to recognize the other nearly nine million men and women who are alcohol abusers and/or alcoholics. In fact, the skid row figure comprises a mere estimated 3-5% of the alcoholic population of the United States.

And it is not only the Bowery, West Madison in Chicago, nor the stoops in Watts. Applying Montana Department of Health and Environmental Sciences' Drug Dependence Bureau estimates, some 71,467 Montanans or nearly 10% of the total population of the state are alcoholics. Couple that with an estimated 50% of the Indian population in the state in the same category, and it is not difficult to see why the National Institute on Alcohol Abuse and Alcoholism estimates that "7% of the adult population in the U.S. manifests the behaviors of alcohol abuse and alcoholism."

Sound incredible? There are even more detailed and frightening statistics to be quoted, but it is obvious that the incidence of alcoholism among Montanans is truly an epidemic of sorts. It should be further noted that alcohol abuse and alcoholism is a major and complete health problem which requires a wide range of services and resources.

Recognizing this situation, the areawide agencies are developing programs to combat this now nationally recognized menace. The North Central Montana Health Planning Council, Inc. is one of those areawides in the process of developing a plan to address alcohol abuse in the 12-county North Central region.

Regional in scope, it is hoped that a program, if capable of being devised, can on a local, community level significantly reduce the frequency of alcohol abuse with the emphasis on prevention.

In its primary stages, the game plan calls first for developing strategies for community organization, long-range programs for continued work on problems, and assessment of local needs and available services.

Because alcoholism as a disease is still in many ways mysterious even to the professionals, members of those committees will receive five days of training after which they will immediately begin developing services within their communities. Specifically, they will work on community organization, recruitment of volunteers, and evaluation of local problems and resources.

Explained Les Stevenson, Health Planner for NCMHPC: "The training will provide these people with knowledge about alcoholism, how serious the problems are, who is a problem, where they are, theories about causes, and what is required for treatment and rehabilitation.

The Hilltop Recovery Center, a half-way house in Havre, has already written a contract with six counties and has received requests from two others to conduct training.

While they are setting up their community organizations, the local committees will be monitored by an areawide addictive drug committee appointed by the NCMHPC's Board of Directors. That areawide committee will be representative of the 12 counties of District 11.

As the work progresses, the county findings and assessments will be forwarded to the areawide for inclusion within the state plan for alcoholism and alcohol abuse.

Although the committees are just beginning to get started at this point, Stevenson pointed out that many existing resources are yet to be tapped. "A good part of the process is just getting it together. For example, the hospitals have fine services and the Bureau of Vocational Rehabilitation has a very efficient program. Great Falls and Havre have professional staff. We will need a lot of volunteers although already medical and law enforcement people are cooperating."

STEVENSON: approaching the "total man"

One need that is almost universal is money. Beginning this past July 1, a new tax of 1% on liquor and 25¢ per barrel of beer was levied under the Uniform Alcoholism Act to go directly for treatment programs.

The future? Says Stevenson: "Alcoholism is one program I can see tangible results. Alcoholism is becoming recognized more and more as an unshameable illness. In the past, alcoholism treatment

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County Organization Goal of NW Areawide

County organization has been a priority for the Northwestern Montana Areawide Health Planning Council the past several months. VISTA outreach workers Jeanne Sheils and Joanne Brothers have been working quite closely with county councils in their health planning efforts. Some of the activities of the areawide covering Lincoln, Flathead, Sanders, Mineral, Missoula, and Ravalli counties this past May are as follows:

Sanders County: The priority item of the Sanders Health Planning Council has been the compilation, publication, and distribution of a health resource directory. The manual is intended as an aide to the county health nurse in addition to being a directory of social services. Scheduled for publication in September, the manual is being funded by North Central Health Planning and Mental Health.

Lincoln County: Lincoln County is also compiling information which could be used in publishing a resource directory. Comprehensive Health Planning was asked to fill the gaps with information on state resources available to the county. A major concern of those assembling the information for such a directory is developing resources for funding the project. At this time, other groups in the county in addition to CHP are being contacted for their assistance.

A presentation was also made at a May meeting in Lincoln County of the planning process to be used in the county health plan, and a task force was set up to determine health manpower in the county. Three priority health needs were identified as: public health officer, alcoholism program, and more doctors for Libby and outlying areas.

Also at that meeting, discussion was held on the employee assistance program being developed which is seeking support from county businessmen. Interest has been shown in youth development and a letter of support asking for more information was sent to Social and Rehabilitative Services' Youth Development Bureau.

Missoula County: CHP is coordinating with city-county planning with input into health segments of plan and goal statements. The agency also was involved in goal selection for the city-county planning board. The agency has been serving as an informational source to a citizens' group which is selecting health goals that will be incorporated into the health section of the Missoula Plan.

This coordination and exchange of ideas is viewed as being important to obtaining a comprehensive view of the county and eliminates duplication of data or manpower in the collection of that data. It is this type of relationship which is being sought with all planning agencies in the area covered by NWMAHPC.

Flathead County: At a May meeting, there was an educational and informational presentation of the planning process to be used by the agency for the regional and mini-plans.

Mental health for the county was discussed by a representative from the county Mental Health Center. This brought to the attention of the citizens and to mental health people that more coordination and information between other health services is necessary for a comprehensive and effective service.

* * *

Meeting in Polson this past May 30, the Project Review Committee of NWAHPC reviewed proposals from Regional Medical Program and Mountain View Nursing Home in Missoula.

MSRMP Proposal: Hypertension and Risk Screening Project cost, $10,876. After reviewing the project and noting that the project is a continuation of an existing program that has been effective, it was moved by Jack Dodd that the project be approved. Motion to approve passed.

Consultation for Nursing Peer Review: cost, $5,196. After reviewing the materials submitted to the committee by RMP a discussion followed concerning the need for this project, and it was noted that the figures in the budget appear erroneous. Nevertheless, it was moved that the project be approved as there is a need in western Montana for such a project.

Health Services Specialist for Local Government Commission: cost, $20,519. After reviewing the project as submitted, the committee was unable to make a decision because the agency did not clearly delineate the activities and objectives to be accomplished.

Mountain View Nursing Home: The request is for 50 additional skilled Nursing Home beds to be added to the existing facility. It was noted during discussion that the State Plan showed a need for 22 skilled nursing home beds instead of the 50 requested. Based upon the material present in the proposal and that submitted by the agency, the committee felt that the State Plan was valid. It was further noted that one of the letters of support was from a partner in the organization while both the architect and contractor are partners in the facility. A move was made to recommend approval of 25 skilled and 25 intermediate care beds. The motion passed.

North Central Plan—

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other than the AA was to throw the people into the institution until they dried out. Now, the 'total man' approach is being taken, looking at the physical, mental, and psychological aspects of the alcoholic.

"Another change is that age in AA has dropped ten years. Young people are recognizing they have a problem rather than assuming the stigma you are less of a person because you can't handle your booze."

The work of North Central should be interesting to watch. No doubt noticeable changes will come slowly and at the cost of considerable time, effort, and certainly occasional failures. Nevertheless, other counties and areawides may do well to learn from the experiences the North Central counties will have over the next couple years.

Solid Waste: Pulverization to Reclamation

GILDROY: "excited about garbage"

Among the problems confronting large, sparsely populated, rural states such as Montana, is the efficient disposal of solid waste in a manner that in addition to being economically feasible is also logistically realistic. Although sanitary landfills have been the most logical and available source of disposal, a plan being developed by Concerted Services of Roundup through a proposal contract with Montana State University is investigating the feasibility of pulverization and resource reclamation of solid waste.

According to Concerted Services' Coordinator, Ralph Gildroy, the prospects for pulverization becoming the disposal system of the future look bright — at least theoretically. The process itself appears relatively simple and perhaps most importantly, could in effect pay for itself over a period of time.

The intention being recovery, salvageable materials are separated from the combined waste, collected, and stored for marketing. The remainder is then shredded, the product resembling shredded waste paper. Although not in itself a marketable commodity for recycling, the shredded matter has nevertheless been found to be a good soil conditioner.

A study entitled "Solid Waste Study—South Central Montana" has indicated that the best disposal plan would be one pooling all collection and disposal operations under one centralized management. As it is presently, the eleven-county region in question (including Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Carbon and Big Horn) is relying upon sanitary landfills for disposal of its solid waste.

It is becoming increasingly apparent that landfills are neither economically nor logistically adequate for disposal within vast and sparsely populated areas.

The report emphasizes that property for sanitary landfill is difficult to purchase or obtain in some areas; most of the communities lack adequate equipment for collection and disposal of solid wastes, and existing conditions and methods may present fire hazards, safety hazards, potential for water pollution and inconvenience to the public. Although the pulverized material could be dumped into a Billings landfill, the preferred method of disposal at this point is the posibility of reclamation. One big need for soil conditioners would be the Colstrip area where coal mining will be having a considerable effect upon the land. According to the proposal written by Dr. Takashi Asano of MSU's Department of Civil Engineering and Engineering Mechanics, the material from a Billings pulverizer could be loaded in the empty coal cars returning to Colstrip after unloading their tonnage in Billings.

Although more research is needed before implementation of such a system would be possible, it is estimated that total cost for collection, transportation, processing in Billings, shipment back to Colstrip, and application to the land could amount to $17 per ton which is the approximate cost of the methods now utilized in the eleven-county area.

Says Gildroy: "Some pulverization plants have been set up in other metropolitan areas of the U.S. and it is interesting to note that although some say they are not economically feasible, some private interests are already getting into this."

Concerning actual operation, the plan is patterned after the Solid Waste Study's recommendation of pooling resources. "There will be a different system than there is now. We will have set up on a circuitous pattern a series of green boxes or drop boxes. We will evaluate the areas as to how many residents live there and then put a box on the main access highway in that area. Then, as people are going into town, they can just drop the waste there and it will be picked up and taken to a transfer station to be compacted before going on to Billings for pulverization," Gildroy explained.

The plan seems to offer a much more centralized service as a regional operation than existing individual county efforts. "It is quite a struggle for small counties, because it takes major equipment which is not utilized very much and sits idle most of the time," said Gildroy.

Billings is currently conducting a feasibility study to determine if their sanitary landfill is capable of handling the waste from the eleven-county area. The findings of that study could indicate a need for such a system as that proposed by Asano and Concerted Services.

As a pilot procedure, the plan calls for a one acre demonstration site to which 200 tons of pulverized material from Great Falls' Heil pulverizing plant will be applied. That acre would be divided into a number of plots on which the method of application, the depth of compost, amount of municipal sludge added, amount of fertilizer added, and other variables can be assessed. The results of that experiment will indicate the needs, priorities, and costs of future in-depth research.

If that experimental acre does not prove satisfactory, then another alternative is possible. "We hope that the experimental acre will give

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No dumps at all?

A Compromise . . .

ANACONDA vs. AIR

Although it has been some time since the last "Earth Day" and clashes between big industry and environmentalists aren't quite as dramatic as those of a couple years back, Montanans may well see environmentalists and industrialists squaring off here in the next few years. As a catalyst, the energy crisis — or lack of one — has increased talk of resource development in the energy-rich eastern region. And recently there has been other talk as well including that between the giant American Smelting and Refining and Anaconda Companies and the State Department of Health and Environmental Sciences.

At issue in this most recent exchange is the Anaconda mining company's compliance with Montana's emission standards which became effective in July of last year. That emission standard adopted by the Board of Health and Environmental Sciences requires industry to control about 90% of the sulfur oxides emitted into the atmosphere. At the time it was enacted, Anaconda took issue with the regulation and asked the Board to relax it.

This past May, a trial-like hearing was held in Helena with a subsequent one in Anaconda at which the Department of Health and Environmental Sciences and the Anaconda Company offered testimony as to why the standards established under the Clean Air Act of 1967 should or should not be abided by.

The environment's principal antagonist in this case is the company's smelter complex located in the city of Anaconda which emits between 350 and 720 tons of sulfur oxide into the air each day. (Both figures have been given in testimony, the smaller being Anaconda's.) That amount contains 65% sulfur dioxide produced by the plant.

Of the oxides, Sulfur Dioxide (SO_2) is the principal one in question. Sulfur dioxide slowly oxidizes in the atmosphere to become Sulfur Trioxide (SO_3) which then immediately reacts with water to form Sulfuric Acid (H_2SO_4) which is termed "particulate" matter. The Environmental Protection Agency has determined that those particles are hazardous to human health, and the law of gravity prevailing, human contact with them is inevitable as they have to be deposited somewhere via such media as rain.

The point, counter-point centered on such issues as financial and operational problems on the part of Anaconda to charges of air pollution and its danger to human and plant life by public witnesses.

Public observers often enough are divided into two camps: one pro-industry and the other pro-environment. But all prejudices aside, each controversy has at least two sides and probably quite a bit more gray matter than either party would like to admit.

At the beginning of the testimony last May 20, Anaconda employees Emil Kramlick and Melvin Stokke and attorney D. L. Holland related a series of "horror stories" in which they described the expense and unreliability of pollution-control devices which have been instituted at the copper smelter over the past several years.

According to smelter-manager Kramlick, $31.5 million has been spent over the past several years for pollution control; and he estimated that another $32 million will be spent in the future to bring oxide emission to 53%.

Even without inflation rates and cost-overruns, $64 million is a good-sized piece of anyone's pie, and what makes it a particularly unpalatable wedge for Anaconda is its return on that investment. It appears that a number of the control devices were never tested out in pilot projects before implementation at the smelter. Consequently, Kramlick has stated, leaks, faulty welding, and failure of manufacturers' guarantees to hold up has not allowed the company to limit the amount of emission any more than it has up to this point.

According to the SDH&ES, the technological difficulties plaguing Anaconda's control efforts are warranted. Yet the department which is responsible for enforcing those standards is not totally convinced that technology is soley responsible for the company's failure to meet the 90% emission rate.

Says Donald Holtz of the Department's Air Quality Bureau, "We think that they exagerated the negative, but then we realize they have had a lot of problems with their control equipment. There are provisions within the regulations for breakdowns. If they really try to make an effort to keep them running, they can do it. They certainly do with respect to their production equipment. All industry accentuates the negative aspect. They do try; but they don't see the positive side of it."

HOLTZ: Realistic

Whether or not the technology for compliance is available, there is always a question of expenditures. Essentially then the question would be not how to, but how

much? Anacnda claims if they have to dip too far into the till for the sake of clean air, the technological drawbacks and their ensuing cost implications when coupled with forced compliance could in the long run have possible adverse effects upon the state's economy. To support that contention, Anaconda submitted a report just prior to concluding their initial testimony outlining the impact of the company's operations on the Montana economy.

The report, prepared by CH2M Hill, Inc., states that six out of ten jobs in Deer Lodge and Silver Bow Counties are directly attributable to the Anaconda Company's role in the economy. Anaconda further claimed that it pays about 7.3% of all taxes in the state to the tune of $28 million. The obvious implication is that any loss of production due to an ineffective investment such as the presently unperfected pollution control program can eventually damage the state's economic mainstay.

That thrust was parried to some extent by Richard Bourke, staff economist for the Montana Environmental Quality Council, who appeared as a public witness and alleged that the cost of meeting sulfur oxide emission requirement would add 1.5¢ to the price of each pound of copper. Conceeding that he did not have access to the Company's figures in determining that figure, Bourke nevertheless estimated that the company would still be left with around 23¢ per pound in profit.

The concern of the SDH&ES is not money, however, but rather health. Of course, the key element of that concern is the amount of the smelter's emissions and their effect on health and the environment. To challenge the Anaconda Company's claims, a rather formidable force of public witnesses appeared for the initial session of the hearings. Drs. Kit Johnson, Michael Williams, and Clarence Gordon have testified to the potential — and in some cases documented — damage to human and plant life proportedly caused by the smelter's emissions.

Although many things from copper oxides to cosmetics have been labeled as possible attributes to the cause of cancer, the word itself raises eyebrows. Appearing on his own behalf, Dr. Kit Johnson, Missoula's City-County Health Officer, testified that when compared to other counties in the state exceeding 15,000 population, Deer Lodge and Silver Bow had a death rate from lung cancer twice as high as other counties. (The smelter lies within Deer Lodge County which is bordered by Silver Bow.)

In his testimony, the health officer stated that emissions of zinc, cadmium, and arsenic trioxide could be causitive agents of lung cancer while sulfur oxides and sulfates could act as irritants that contribute to the cause of the mysterious disease.

"Cancer is a very complex disease," Johnson is quoted as saying, adding that although smelter emissions may very well not be the cause of those deaths, "irritants in the atmosphere are a contributing factor."

The charge was also leveled that emissions from the smelter were having a rather adverse effect upon plant life in the surrounding area.

Dr. Charles C. Gordon, professor of botany at the University of Montana, said that the environmental studies laboratory at the University has been able to identify plant damage resulting from sulfuric acid deposited by rain. He is quoted as describing the smelter area as a "rather dead area," and said that federal and state air standards were not adequately protecting the environment.

On the other hand, Frank J. Laird, Jr., Anaconda's chief environmental officer, while taking no issue with the state's figures identifying the smelter as the greatest cause of sulfur oxide pollution in the state said that he did not believe emissions from the complex were having such an effect upon the area's plant life.

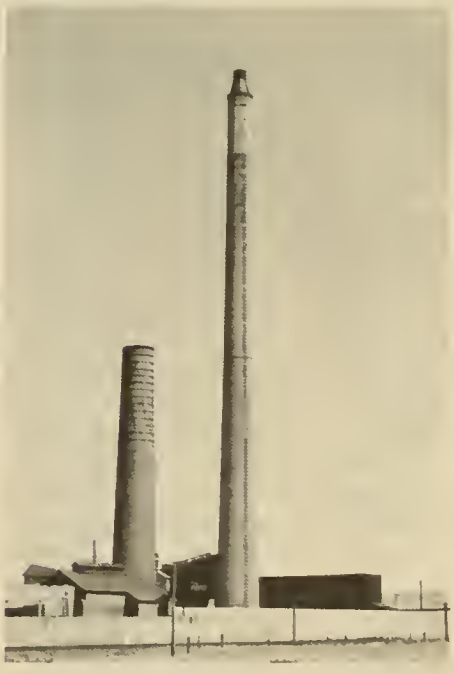
So the argument goes. As is usually the case in such controversies, the outcome has seen concessions on both sides. In fact, an agreement was reached July 19, in which Anaconda has proposed to control to 75% of their sulfur oxide emissions by 1977.

The key to reduced emissions at this point will be construction of one new electric furnace and a new roaster which will replace the existing four gas-powered reverberatory furnaces. The new elements will yield a high strength sulfur dioxide which will be recovered and routed to an existing plant where the gas is converted into sulfuric acid. The sulfuric acid is then sold to companies using the acid in the production of fertilizer in addition to being shipped to Butte for mining operations.

Says Holtz: "They can upgrade their acid plant so they can make 990 tons a day of sulfuric acid plus reducing the feed to the old smelter. But I think it would be more realistic to say 69% or 72% control."

No doubt some environmentalists will view that as a sell-out on the part of the DH&ES. "Yes that is a compromise, but with the magnitude of construction they (Anaconda) have to do, it is unlikely that they could do it in that amount of time. Also it is possible that the market and the demand for fertilizer and sulfuric acid will improve, so it's possible they will reach 90% anyway," said Holtz.

Although compliance and or compromise is ultimately the decision of the Board of Health and Environmental Sciences, the need for continued public exposure and hearings on such issues is nevertheless essential. In any event or controversy the happy medium and the population can probably best be served by cooperation rather than confrontation.



American Smelting & Refining's' East Helena plant

EMS Study Approved—
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ing with the EMS councils within the counties. We want to make sure these people get the best care, but we won't know the problems until we get the grant." (The grant was approved in mid-July.)

"We have met with representatives of the Department of Health, Education and Welfare, CHP, and the Department of Health and Environmental Sciences to set up the study. We are also contacting the county CHP agencies and they have told us who to contact and whom to relate to. So that the person hired as planner has a little groundwork done, we have sent copies of the grant proposal to all the county commissioners, and all the hospitals which know about and support it," Taylor stated. The grant would allow the planner one year to complete the investigation.

Upon the findings of that study, a second stage of implementation will be undertaken if indeed a need is found for planning a system of emergency services. That implementation would take into consideration if not follow a state plan of regionalization of county EMS.

"Implementation, if we find that feasible, would be far sighted taking in eight counties. Based on the needs discovered, we would attempt to find the best ways to coordinate communication, education, and training. On the basis of the state plan, we would try to coordinate all the emergency medical services in the region," Taylor said. That implementation would require application for further Federal funding for another year and possibly two with local matching.

In other actions taken by the Executive Committee at the May meeting: after reviewing the MSRMP proposal to hire a Health Services Specialist for the State commission on local government, the Committee decided it would be an unnecessary duplication of the activities of the state Department of Health and Environmental Sciences and recommended disapproval. The final decision will be made by the MSRMP's Regional Advisory Council.

Health Advisors for Eastern Montana

Eastern Montana is a vast reservoir of energy, and in the not too distant future a marked influx of people will be settling there developing its coal resources into a major industry. However, that influx will be straining an already inadequate health care delivery system at the mercy of a vast, sparsely populated area.

Over the years, people in physicianless areas have "made do" with the health care resources available, calling for advice on whoever happens to be in the area with some amount of training in health. CHP has found that these informal "health caretakers" are usually R.N.'s or L.P.N.'s who have not worked for a number of years but who help in whatever ways they can with the health problems of their neighbors.

CHP through a $175,000 grant from the Old West Regional Commission is in the initial stage of developing a Community Health Representative Program. The concept behind the program is to make official the roles of those professionals who, although not designated as health caretakers, provide services to communities largely isolated, especially during the winter months.

According to Mary Jane Crigler, who will be acting as the director, the program will initially be designed as a demonstration project in the coal development areas in the Southeastern section of the state. "Participation will be voluntary. Ten communities will be selected on the basis of which communities show interest and have a nurse available. The community's interest is necessary as community backing will be needed if the project is to continue," Crigler emphasized.

The first eight months of the two-year program will be devoted to locating the communities to serve as the demonstration sites and to choosing the nurses to serve as health representatives. The communities to be contacted will average from 100-500 in population.

During that period also, training will be designed for the nurses, many of whom have not been exposed to updated health information. The beginning of the ninth month, the nurses will actually be hired and will receive the benefits of the continuing training while they serve.

Community, non-profit corporations will be formed to administer the program. The corporation will be the agency contracted by the program, and it will actually hire the personnel and direct the operations. The program will provide medical supplies to allow the nurses to function effectively in situations calling for their expertise in trauma, shock, cardiac arrest and accidents.

The staff of the program will include the director, Mary Jane Crigler and a secretary with assistance from the Bureau of Nursing. After the corporations are set up, each will have a board of directors which will be composed of interested members of the communities. Those boards will continue the program seeking out local and state funding possibilities. From time to time, Crigler will advise the boards about existing resources such as Eastern Montana Team from the State Department of Health and Environmental Sciences.

Concerning the services to be provided by the project, Crigler said the planned program would be based on the experiences of other health representative programs. "Similar projects in Alaska and elsewhere have focused initially on handling emergencies and have moved into areas of prevention and health education later."

After establishing ten pilot community projects, the director will bring them together every month or two to exchange information and ideas. Although it will be up to the communities themselves how the different representatives will operate, it nonetheless appears that once firmly established, the program could very well be the nucleus for an expanded system of health delivery in an area quickly developing as a population base.

PLAN GOES TO PRINT

An article appearing in the March-April issue of the CHP News described the work being done on the State Plan for Health. Now completed, the Plan has gone to print.

In its finalized form, the Plan is a blueprint for attacking key health problems in Montana. While this year's edition is only a step in the right direction providing short-term (1-3 year) strategies, future editions will look at long-term (3+ years) efforts needed to eradicate the problems.

Although research was done on many other state plans in the preparation of Montana's, the process adopted in developing the plan is a rather unique one. Whereas many states' plans are primarily the result of staff input, statistical findings, and outside consultation, Montana CHP has attempted to design its plan around the concerns and findings of those most affected — all Montanans.

Explained Mary Jane Crigler, Health Planner overseeing the project: "We based our plan on problems identified by Committees (of providers and consumers). The Plan deals with what they see as main problems and priorities in Montana."

Hence, CHP sought to elicit from the people of the state their views on health care and provision of services. As was mentioned in the March-April issue, over 1,700 letters were sent out across the state seeking input into the Plan. The nearly 400 replies received provided a substantial portion of the comments and suggestions incorporated within the Plan.

"We made a commitment to involve people and what they said. The staff has done the bulk of the writing, and collection of statistical information; but this was based upon determinations made by committee members and many other persons around the state as to what they would like to see in it," Crigler added.

Hopefully, the completed Plan will serve as a guide to those in decision-making positions who will actually make those changes suggested in the Plan through funding, legislation and further programming.

Others instrumental in the Plan's development were John Short, a consultant from Salt Lake City who provided documentation

Jon Tovson

for the "Economics and Health" chapter and Sharon Rothmel also from Salt Lake City who contributed to the "Statistics and the Status of Health" chapter. The largest outside contribution came from Jon Tovson of the Great Falls City-County Health Department who wrote most of the "Environmental" section of the Plan.

The Plan will be located in the public libraries of each county and in public schools in counties without libraries. Those who participated in making the Plan will also receive copies. A summary version is to be published which will be widely distributed.

New Members Appointed to Council

This past May 13, Comprehensive Health Planning announced its current list of members serving on the Health Planning Advisory Council.

Composed of 25 members, the Council represents state and federal agencies required by federal law, local agencies, and non-governmental groups concerned with health services in Montana.

Newly-elected Council Chairman, Don Pizzini

A list of potential candidates for the Council is submitted to the Governor by Robert Johnson, Director of CHP. From that list the Governor then selects those who in his estimation can best serve on the Council. A majority of those members must be "consumers" of health services—individuals whose professions are other than those providing such services.

Among the duties and responsibilities of the Advisory Council are: consultation with the Department of Health and Environmental Sciences on planning health services, use of federal funds for construction and remodeling of health-care facilities, and fostering cooperation among professional and voluntary health organizations and the general public. Serving on the Council:

Mary T. Burke	Billings
Emmett Carey	Glendive
George W. Clark	Kalispell
Warren Croston	Anaconda
John Jutila	Bozeman
A. C. MacDonald	Glendive
Virgil Miller	Great Falls
Don Murray	Missoula
Donald E. Pizzini	Great Falls
Larry Thomas	Box Elder
Robert F. Haynes	Bozeman
Grace Bates	Manhattan
Ludvig Browman	Missoula
Barbara Crebo	Helena
Martha Ann Dow	Havre
John Driscoll	Hamilton
Sharon Juelfs	Great Falls
Mary Kendall	Great Falls
Edward C. Kimball	Miles City
Margaret Raihl	Livingston
Anita Richards	Seeley Lake
David G. Stuart	Bozeman
Ruth Towe	Billings
Kathryn Turcotte	Havre

The National Level

*** * * MEDICAL COSTS UP * * ***

Coming as no surprise to both economist and consumer, the Consumer Price Index released in June indicated that medical costs in May of this year jumped 1.2% over April amounting to a 50% increase in the cost of services. Of that increase, professional fees and hospital room rates led the way with a 1.3% increase for the month and were followed by hospital service charges at 1.2%. That statistic perhaps looks even larger when compared to the price index for all consumer goods and services for the same period which amounted to a 1.1% rise. The April-May period came at the end of price controls.

One significant factor in the increased cost of services has been attributed to the price hike in the cost of tetracycline drugs to hospitals. According to the Labor Department, the cost of the antibiotic drugs increased an average of 5.3% in those hospitals surveyed. It seems new contracts between hospitals and suppliers in the surveyed areas could have been the catalyst in the price boost.

* * *

HOUSE PASSES APPROPRIATION FOR HEALTH

Without changing health items, the House of Representatives has passed a FY 1975 HEW appropriation bill which includes a number of large increases over the Administration's requested budget.

Among those on the receiving end were **National Institute of Health** (NIH) with a $205 million increase, **emergency medical services** with an increase of $10 million over request for a $37 million budget, **preventive health services** receiving a budget of $134.9 million an increase of $10.2 million over request including disease control project grants totalling $41.2 million, and the **National Cancer Institute** with $112.7 million over FY 1974 and $60 million over and above that requested.

Others also being granted increases are: the **Heart** and **Lung Institute** which was increased $31.6 million over the previous fiscal year for a total of $321.2 million, **mental health research programs** seeing an increase of $5.7 million over request for a $90.1 million total, **mental health training programs** will get $85.1 million — $20 million more than the budget, and **alcoholism** research, training, and community programs would all receive increases for a total $128.1 million. The House subcommittee added a significant increase which was approved by the House to **maternal and child health programs.** The increase of $19 million over budget request provided a total of $284.9 million.

The most prominent among those getting cut was the budget for **Health Maintenance Organization** support which was reduced $40 million below its budget. The House Appropriations Subcommittee recommended a cut for **health services** 1974 budget by $24.7 million leaving the appropriation at $481.9 million.

Community mental health would see an increase of $24.4 million equalling the Nixon budget request and totalling $198.9 million. Falling short of budget request is **drug abuse research** which would get $34.million; a $3 million reduction from the previous year. Drug abuse training would get $12.5 million while community programs would receive $157 million.

Absent from funding in the bill were programs which although recommended in the budget, were scheduled to expire June 30 without authorization having been passed for the new fiscal year. A separate bill will be needed to provide appropriations for those programs. **Much of this information has been provided by Washington Report on Medicine and Health.**

Solid Waste—

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us enough of a lead. If it doesn't, I've called the Environmental Protection Agency (EPA) in Cincinnati and explained to them what we are trying to accomplish. If it needs more expanding upon, the EPA may be interested in going into that phase of it."

It is hoped that the one-acre plot will produce enough data to warrant future study and expansion. An EPA demonstration would entail a substantially bigger project utilizing a larger plot and a much greater amount of pulverized material.

Some might view such a proposed program of disposal as being somewhat premature, yet if anything it is consistent with a national goal aimed at the recovery of reusable materials including solid wastes insofar as it is economical and practical to do so. Continued research will be largely dependent upon the Surface Environment and Mining, who, if funding is available, could grant continuing research.

Says Gildroy, "I hope this will be successful as a reclamation effort, not only in the strip mining areas but for other agricultural uses as well. I would hope to have a number of pulverization plants throughout the state so we wouldn't have any sanitary landfills at all."

CHP supports and has approved this project.

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team's findings, an **Agency Assessment Report** was drafted indicating the agency's performance with respect to established criteria.

The following is an overview of the assessment team's findings based upon its evaluation of the state's 314(a) agency. This information is quoted directly from the assessment team's final report. A complete copy of the assessment report can be obtained by writing to Robert R. Johnson, Administrator, Office of Comprehensive Health Planning, Cogswell Building, Helena, Montana.

HEALTH PLAN DEVELOPMENT AND IMPLEMENTATION

This standard requires the preparation, subsequent revision and implementation of a comprehensive State Plan for Health. The basic elements involved in plan development and implementation are: needs assessment, forecasting, resource inventory and analysis, goal establishment, priority setting, and recommendations of state health policies in response to identifying targets for action. A draft of the Plan should be prepared by the time the agency has completed two years of planning.

Health Plan Development and Implementation is one of the top three priorities of the agency. An organized framework and process has been developed and the combined resources of the agency are being used to complete this function.

STUDIES

This standard involves the investigation and analysis of population, health needs or effectiveness of health system components. The findings of studies can provide information on which parts of the health plan are built. As such, studies ordinarily involve intensive staff/task force research and analysis. Studies fall into two major categories: problem identification and program analysis.

Since July of 1972, the agency has developed a systematic approach to the conduct of studies. Areas requiring further investigation are specified either by committee or staff members. Studies have been and are being used as essential tools to accomplish stated objectives. Completed studies have received action and have been widely distributed.

Since July of 1972, the methodology outlining the proposed techniques for conducting studies has been included in the work program, handouts to committees, or contracts. Prior to July, 1972, an outline was not prepared for every study prior to its initiation.

HEALTH POLICY INVOLVEMENT

This standard requires that the CHP agency take positions on pertinent issues of state and national concern. Agency committees and staff should be involved in preparing policy recommendations to be embodied in position papers, reports to the Governor, Council resolutions, or testimony at public hearings.

The Agency has been involved in varying degrees with many health-related issues. A major portion of Agency resources have been utilized for this function. There was evidence of committee and staff participation in the collection and development of background information which was utilized to support policy recommendations. Interview findings revealed that some of the Advisory Council members did not feel that the staff provided adequate background information or opportunity for Advisory Council review of policy recommendations prior to adoption.

Participation in health policy development has extended into many functional areas including the development of position papers, council and legislative resolutions, legislation and assignment of staff to work on major health issues.

PROJECT REVIEW

This standard involves Agency compliance with federal and state requirements and requests for analysis of applications for public funds in the health field. Responsibilities from the federal level include capital expenditures review (Section 1122 of the Social Security Act), 314(b) Areawide CHP review, and a variety of program funding requests to DHEW.

For the greatest impact, this standard requires the development of the State Health Plan. However, time pressures to begin new review efforts have made it impossible to have a State Health Plan "completed" prior to the conduct of reviews.

The Comprehensive Health Planning facility review committee and the Hill-Burton facility review committee have been merged to provide a single review committee for health facility reviews under the Hill-Burton program. The formal process for health facility review under Section 1122 has been established with primary responsibility for conducting reviews delegated to areawide health planning agencies.

In the absence of a State Health Plan, a short-term strategy has been adopted to assist the Agency to proceed with project review. The first step of the short-term strategy involves the adoption of the Hill-Burton Plan for health facility reviews. The second step of the short-term strategy involves the adoption by each of the council's standing committees of specific review criteria to be used in project review and the publication of these criteria in a "Review and Comment Manual."

PROGRAM MANAGEMENT

This standard is the process of setting Agency objectives and directing Agency resources toward achieving those objectives. Several elements required to perform this function include assuring that the Agency is organized in conformance with federal and state laws and regulations; developing an organizational structure with clearly defined roles and responsibilities for the Advisory Council, staff, committees and task forces; developing administrative policies which promote the efficient use of such resources; and developing the annual work program as the management plan for effective use of Agency resources.

The work program, the mechanism which relates resources to objectives is basic to Program Management. For each of the nine Agency functions, it should identify Agency objectives for the coming year and the activities planned to meet the objectives.

The Agency was organized in

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"a" Agency Assessed—

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conformance with federal and state laws and has developed an organizational structure with clearly defined roles and responsibilities for the Advisory Council, staff and committees. The Agency did not have a legally constituted Council at the time of assessment. The Agency has developed administrative policies and procedures. An annual work program is prepared in an effort to promote efficient use of Agency resources. The Work Program is used as a management plan and is revised at least annually. A formal policy and procedure for evaluation of the overall management of the Agency has not been developed.

PUBLIC INFORMATION AND EDUCATION

This standard includes activities to inform the public on health issues and on CHP activities in the state. It also includes activities for the orientation and education of volunteers and staff of the state and areawide health planning agencies.

A major effort has been made by this Agency to develop and distribute information to the public and the council through such media as newsletters and news releases. Orientation sessions have been planned and conducted for the Agency staff and council members in accord with a written policy of the Agency. The interest in these orientation programs was indicated by interview comments from some of the Advisory Council members who would like to have additional orientation sessions. Interviews revealed that some council members needed more orientation, particularly in regard to the overall council function as compared with their committee functions.

The Agency has made efforts to address the problem of monitoring of its performance in the provision of public information and education. This was noted in regard to periodic changes made in the Newsletter. The FY 74 Work Plan also has provision for this monitoring function. There was lack of evidence that the Work Plan monitoring effort for public information and education was being conducted in accord with the objectives and methods within the Work Plan. The staff member having primary responsibility for this function did not prepare the Work Plan items and reported that he did not understand the methodology provided to meet the objectives of the Work Plan.

PLANNING COORDINATION

This standard involves the creation of mechanisms for communication and exchange of information with other health-related and other planning organizations. The achievement of Agency goals and objectives should be the focus of activities in Planning Coordination.

Planning Coordination between Agency and other organizations was intensive for a selective part of the community. Extensive evidence including interviews and reports reflects the concern of staff and Council for the involvement of consumers as individuals and as members of groups within the planning process.

At the same time, coordination with provider interests, particularly the medical profession has been fragmented. As evidenced by interviews, there has been a lack of communication and a misunderstanding on the part of the medical association as well as parts of state government as to the purpose and function of state CHP. Only minimal direct communication has been established with the State Medical Association and the State Blue Shield Office.

The mechanisms for communication and input with all of the above organizations exist within the current resources, capability, and direction of the Agency.

Mechanisms for involving the public such as the newsletter, conferences, and open meetings have been used exclusively to reach other segments of the community.

AREAWIDE DEVELOPMENT AND ASSISTANCE

This standard involves efforts to develop effective areawide organizations. It includes activities to assist in meeting needs of substate comprehensive health planning and to provide consultation and information to 314(b) agencies and health care facilities in the state.

Application of the state-assisted concept for areawide health planning has been the basis of the Agency's efforts to develop effective areawide organizations. A large percentage of the state agency's activities and resources have been devoted to development and assistance of areawide agencies. This is reflected in the fact that the Agency has given attention to all of the elements in this function. It should be noted, however, that it was necessary to draw information from a variety of different sources in addressing each element, indicating a lack of emphasis on coordinating the activities contained within the elements.

DATA BASE MAINTENANCE

This standard involves the acquisition, analysis, and dissemination of health data within the state. It requires the 314(a) SHPA to assure the operation of a data system useful in performance of health planning activities. The data base should provide information necessary for the development of health plans, involvement in health issues, and reviews of project proposals on both the state and areawide level.

The Agency has identified currently existing data, information and health programs. The types of data needed by the state Agency and areawide agencies are defined in several documents. The Agency has assigned staff responsibility for data maintenance and has developed an approach to data collection which minimizes expense.

The Agency has identified its objective to obtain a data retrieval and processing system for the state and internal agency operation. The Agency is preparing a grant proposal to develop an internal data maintenance system and is assisting the state in the development of a central data system.

According to the criteria and findings of the assessment team, Montana's 314(a) agency when compared with other state agencies in Region VIII came closest to fulfilling most of the expectations of the assessment process. Thus, the agency has been found to be doing an effective job.